



Department of Health
Office of Emergency Medical & Trauma Prevention

PERSONAL STATUS CHANGES APPLICATION

IDENTIFYING INFORMATION:

Department of Health Registry Number	Telephone Number	Date of Birth (mm/dd/yyyy)	
Last Name	First Name	Middle Initial	Previous Name (if different)
Mailing Address			
City, State, Zip Code			

CERTIFICATION LEVEL: (Please select one.)

First Responder EMT IV Tech Airway Tech IV/Airway Tech ILS Tech ILS/Airway Tech Paramedic

PERSONAL STATUS CHANGES: (Please select all that apply.)

Add Agency Change Agency Add County Change County Change Address Change Name

EMS SUPERVISOR STATEMENT:

"I attest this applicant will provide care with our EMS agency."

Agency Name and License Number

EMS Supervisor's Original Signature

Date

NOTE: It is not necessary to obtain the Supervisor's signature unless you are adding or changing agencies.

Employment Status with this Agency: (Please select one) Paid **OR** Volunteer

Will this be your Primary Agency?: (Please select one) Yes **OR** No

COUNTY MEDICAL PROGRAM DIRECTOR (MPD) STATEMENT:

_____ **"I Recommend"** _____ **"I Do Not Recommend"**

state certification of this applicant in my county. Applicants recommended for certification have a copy of my protocols.

County MPD's Original Signature

Date

NOTE: It is not necessary to obtain the MPD's signature unless you are adding or changing counties.

APPLICANT STATEMENT:

"I hereby attest and declare that the information provided on this application is true and correct, and that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of my certification. I further attest that I have received a copy of the MPD's protocols for my level of certification."

Applicant's Original Signature

Date

DO NOT DUPLICATE

WESTERN WASHINGTON:
EASTERN WASHINGTON:

Department of Health, Office of Emergency Medical & Trauma Prevention, PO Box 47853, Olympia WA 98504-7853
Department of Health, Office of Emergency Medical & Trauma Prevention, 1500 West 4th Suite 403, Spokane WA 99204

(Revised 01/03)